

**STATE OF MISSOURI**MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL
LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS**APPLICATION FOR DUPLICATE CORPORATE LICENSE OR FRAMING
CERTIFICATE**3605 MISSOURI BLVD., SUITE 380
JEFFERSON CITY, MISSOURI 65109**INSTRUCTIONS**

This application must be typewritten.

Enter the name of the corporation/limited liability company as it appears on the license.

Fill in the license number of the corporation/limited liability company. In order to receive a duplicate license or framing certificate, the corporate license must be current and in good standing.

Indicate whether you wish to receive a duplicate certificate suitable for framing or a duplicate license by checking the appropriate box(es).

Your duplicate license/framing certificate will be mailed to your address of record.

Indicate below whether the original framing certificate or license has been lost, mutilated, destroyed, or other.

The licensed managing agent of the corporation/limited liability company should read the affidavit and sign the application.

This application must be accompanied by a check made payable to the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects. Duplicate Framing Certificate Fee: \$10; Duplicate License Fee: \$10. Per Board Rule 20 CSR 2030-6.010 fees are nonrefundable.

Forward completed, notarized application with required fee(s) to the address indicated at the top of this application. If you have any questions regarding this application, you may call the board office at (573) 751-0047.

APPLICATION

NAME OF CORPORATION/LIMITED LIABILITY COMPANY		LICENSE NUMBER
INDICATE BELOW WHICH ITEM(S) YOU WISH TO RECEIVE A DUPLICATE OF		
<input type="checkbox"/> WALL CERTIFICATE FOR FRAMING (8.5 X 11)		<input type="checkbox"/> CURRENT LICENSE (5X7 AND WALLET SIZE CARD)
ITEM(S) ABOVE IS BEING REQUESTED FOR THE REASON THAT THE ORIGINAL HAS BEEN: (CHECK ONE)		
<input type="checkbox"/> LOST <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED <input type="checkbox"/> OTHER _____		

AFFIDAVIT

I, THE UNDERSIGNED AS LICENSED MANAGING AGENT OF THE ABOVE NAMED CORPORATION/LIMITED LIABILITY COMPANY, RESPECTFULLY REQUEST THE BOARD TO ISSUE AND FORWARD TO ME A DUPLICATE AS INDICATED ABOVE AND BY THIS AFFIDAVIT, SWEAR THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE TRUE.

SIGNATURE OF LICENSED MANAGING AGENT OF CORPORATION/LIMITED LIABILITY COMPANY	DATE
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